BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

GEC 2 0585

			SMALL ENTITY			OTHER THAN						
		CLAIMS AS	(Column 1) (Co			mn 2)				OR		
TOTAL CLAIMS			16					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	/6/minus 20=		*	0		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			ラ mi	nus 3 =	. 0			X40=		OR	X80=	
ΜU	LTIPLE DEPEN	DENT CLAIM PI	RESENT							i l		
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	,	+135=		OR	+270=	7/04
								TOTAL		OR	TOTAL	710
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
	CLAIMS				HEST		l r		ADDI-	1		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	. 6	Minus	.∂€)	= 7		X\$ 9=		OR	X\$18=	
	Independent	<u> </u>	Minus	<i>کے</i>	<u>></u>	=		X40=		OR	X80=	
	FIRST PRESENTATION OF MU		JLTIPLE DEPENDENT		CLAIM			+135=		OR	+270=	
								TOTAL			TOTAL	
• ;								ADDIT. FEE		OR	ADDIT. FEE	
	en e	(Column 1) CLAIMS	·	(Colur		(Column 3)				٠.	•	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	2	RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	,
ME	Independent	*	Minus	***		=		X40=		OR	× X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								· TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
		ĺ			ı	ADDIT: 1 CE						
AMENDMENT C	c	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	, Mer.	(Colur HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEPENDENT		T CLAIM		┚┞			UH		-
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. 								+135=		OR	+270=	<i>,</i> ;:
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		mber Previously Pa					er fou	ınd in the apı	oropriate box	in co	lumn 1.	